

Due 5th of EACH Month

MONTHLY VACCINE REPORT FORM (Public)

VFC ID # _____

Name of Facility: _____ Person Filing: _____ Phone number: _____ Month: _____
Year: _____

Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	Doses Administered By Age (In Years) Mandatory											Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Num and Outdate
					<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64				
DTaP																	Total DTaP ↓		
Hib																	Total Hib ↓		
IPV																	Total IPV ↓		
DTaP/IPV/ Hep B																	Total DTaP/ IPV/Hep B ↓		
Pneumo Conjugate (PCV7)																	Total PCV7 ↓		
(PPV 23)																	Total PPV 23 ↓		
Rotavirus																	Total Rota ↓		
MMR																	Total MMR ↓		
Varicella																	Total Var ↓		
Other																	Total Other ↓		

Mail to Home IV Pharmacy, 2601 ½ Continental, Butte, MT 59701

PHHS-111 DPHHS (Revised 5/1/2008)

Facility Address: _____

VFC ID # _____

Vaccine	Doses on Hand Beg. of Month	Doses Rec. During Month	Doses Lost or Returned to State	Total Doses Available	Doses Administered By Age (In Years)											Total Each Row	Total Doses Each Vaccine	Doses on Hand End of Month	Lot Numbers and Outdate
					<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+			
Flu .25 infant																	Total .25 Flu ↓		
Flu .50 3-18																	Total .5 Flu ↓		
Flumist																	Total Flumist ↓		
Tdap																	Total Tdap ↓		
Mening																	Total Mening ↓		
HPV																	Total HPV ↓		
Td																	Total Td ↓		
Hep A 1-18																	Total Hep A ↓		
Hep A Adult																	Total Adult Hep A ↓		
Hep B 0-19																	Total Hep B ↓		
Hep B Adult																	Total Adult Hep B ↓		
Other																	Total Other ↓		